

Designation of Department Security Officer

DEPARTMENT NAME: _____

3 DIGIT DEPT. CODE: _____

DESIGNATED SECURITY OFFICER:

NAME: _____
(Last) (First) (Middle Initial)

SOCIAL SECURITY #: _____

TELEPHONE NUMBER: _____

CURRENT/MOST RECENT TITLE: _____

Please check one of the following:

- _____ Primary Security Officer
_____ Back-up Security Officer

NAME AND TITLE OF IMMEDIATE MANAGER: _____

APPROVALS:

SIGNATURE OF DEPARTMENT HEAD: _____

DATE: _____

REMINDER: Departmental Security Officer, your responsibilities include working with the management of your Department and the Security Administrator of the Comptroller's Division to ensure that control over all security systems within your department are maintained at all times. You will be held accountable for security of the statewide systems applicable to your department.

SIGNATURE OF SECURITY OFFICER: _____

DATE: _____

RETURN TO: Security Administration
Office of the Comptroller
One Ashburton Place, 9th floor
Boston, MA 02108
(617) 973-2381